



McANDREWS, HELD & MALLOY
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| | | | |
|---------|--------------------------------|----------|-----------------------|
| TO: | Examiner Marceau Milord | FAX NO.: | (571) 273-8300 |
| FROM: | Michael T. Cruz | USER ID: | 8084 |
| CLIENT: | 01772 | MATTER: | 15267US01 |

Number of Pages This Transmission (Including Cover Page): **35**

I hereby certify that the attached correspondence, including a Transmittal (1 page), a Fee Transmittal (1 page, filed in duplicate), a Request for Continued Examination (RCE) Transmittal (1 page, filed in duplicate), an Amendment Accompanying Request for Continued Examination (RCE) (25 pages), Information Disclosure Statement Letter (2 pages) and a PTO Form SB 08A (1 page, filed in duplicate), is being sent via facsimile transmission to Examiner Mareau Milord of the United States Patent and Trademark Office at (571) 273-8300 on June 12, 2006.

Michael T. Cruz Reg. No. 44,636

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PTO/SB/21 (09-04)
Approved for use through 7/31/2006

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| TRANSMITTAL FORM | | Application Number | |
|---|--|-------------------------------|------------------|
| <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission 34</p> | | Filing Date | |
| | | First Named Inventor | |
| | | Art Unit | |
| | | Examiner Name | |
| | | Attorney Docket Number | |
| | | 09/692,661 | October 18, 2000 |
| | | Jacob Rael | 2618 |
| | | Marceau Milord | 15267US01 |

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| ENCLOSURES (check all that apply) | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (1 Page) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (25 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 Pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal Form (1 Page) <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <p>Remarks <i>Fee Transmittal Form (1 Page), RCE Transmittal Form (1 Page) and PTO Form SB 08A (1 Page), which is part of Information Disclosure Statement, are each filed in Duplicate.</i></p> | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|---|-------------------------------|
| Firm | McAndrews Held & Malloy, Ltd. |
| Signature | <i>Michael T. Cruz</i> |
| Printed Name | Michael T. Cruz |
| Date | June 12, 2006 |

| CERTIFICATE OF FAX TRANSMITTAL | | | |
|--|------------------------|-----------------------------------|---------------|
| I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Marceau Milord at the United States Patent and Trademark Office at (571) 273-8300 on June 12, 2006. | | | |
| Name (Print/type) | Michael T. Cruz | Registration No. (Attorney/Agent) | 44,636 |
| Signature | <i>Michael T. Cruz</i> | Date | June 12, 2006 |

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Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **3490.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid(\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) |
|--------------|--------------|---------|---------------|---------------------------|-----|---------------|
|--------------|--------------|---------|---------------|---------------------------|-----|---------------|

147 - HP (HP=93) 54 x 50 = 2700.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 7 - HP (HP=7) 0 x 200 = 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
|--------------|--------------|--|---------|--------------|

-100 /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request For Continued Examination (RCE)

790.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|-----------------------------------|---------------|-----------|----------------|
| Signature | <u>Michael T. Cruz</u> | Registration No. (Attorney/Agent) | 44,636 | Telephone | (312) 775-8084 |
| Name (print/type) | Michael T. Cruz | Date | June 12, 2006 | | |

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Approved for use through 07/31/2009. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **3490.00**

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **13-0017**

Deposit Account Name: **McAndrews Held & Malloy**

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☒ Charge Fee(s) indicated below

☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17

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|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|---------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Small Entity Fee(\$) | Fee(\$) |
|----------------------|---------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

| Total Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|--------------|--------------|---------|---------------|
| 147 | 54 | 50 | 2700.00 |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee(\$) | Fee Paid (\$) |
|---------------|--------------|---------|---------------|
| 7 | 0 | 200 | 0.00 |

HP = highest number of independent claims paid for, if greater than 3

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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee(\$) | Fee Paid(\$) |
|--------------|--------------|--|---------|--------------|
| -100 | /50 | (round up to a whole number) | x | = |

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790.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------------|-----------------------------------|---------------|-----------|----------------|
| Signature | <i>Michael T. Cruz</i> | Registration No. (Attorney/Agent) | 44,636 | Telephone | (312) 775-8084 |
| Name (print/type) | Michael T. Cruz | Date | June 12, 2006 | | |